



PLANNING AND ZONING COMMISSION
TOWN OF BRANFORD

1019 Main Street, Branford, CT 06405, Telephone: (203) 488-1255, FAX: (203) 315-2188

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE
ACCESSORY APARTMENT

ADDRESS OF PROPERTY _____

TAX MAP _____ BLOCK _____ LOT _____ ZONING DISTRICT: _____

FLOOR AREA: existing structure _____ sq. ft. accessory apt. _____ sq. ft.

Is proposed apartment a) a new addition or b) within the existing house? (Circle one).

PLEASE SUBMIT WITH COMPLETED APPLICATION

1. \$105.00 fee.
2. Routing sheet.
3. Statement of use.
4. Survey of property at a scale of at least 1" = 40' showing:
 - a. location of all existing and proposed structures, driveways and parking areas.
 - b. distance from each proposed structure to nearest property line.
 - c. location of all wetlands and watercourses within 100 ft. of project.
 - d. grading and erosion control plans.
3. Floor plan and elevations showing dimensions, height, floor area, and coverage with clear indication of what is existing and what is proposed.
4. Copy of any variance, wetlands approval, flood permit, and/or coastal site plan review pertinent to this application.
5. East Shore District Health Department approval of septic system if property not sewered.
6. Additional information which may be necessary to determine compliance.

The undersigned states that information submitted with this application is correct and acknowledges that any approval based on erroneous or incomplete information shall be null and void.

Owner _____	Applicant _____
Address _____	Address _____
Phone _____	Phone _____
E-mail _____	E-mail _____

Signature _____ Signature _____

FOR OFFICE USE ONLY:

Receipt Date _____ Fee Paid _____

Approved/Denied By _____ Date _____